

# Exhibit B

[UNCLASSIFIED]

0050-AT-108083

Victim:  
USAO Number:  
Court Docket Number:

### VICTIM IMPACT STATEMENT

United States v. \_\_\_\_\_ Case No. \_\_\_\_\_

IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY QUESTION, FEEL FREE TO USE AS MANY PAGES AS YOU NEED AND ATTACH THEM TO THIS STATEMENT. THANK YOU.

Victim's name: [REDACTED]

How have you and members of your family been affected by this crime?

In the sense that I am I afraid that he will do something to me and my family. It affects me because I am constantly thinking that he will send someone to do something to me.

Have you or members of your family received counseling or therapy as a result of this crime?  
(☐) YES/ (☐) NO. Please explain. Do you wish future counseling to assist you and/or your family's recovery?

I have not received any.

Have you filed a civil suit against the defendant? (☐) YES / (☐) NO. If yes, list the case name, court location and docket number.

Have you received any money or assets from the defendant as a result of the civil litigation?  
(☐) YES / (☐NO) NO. If yes, how much?

I have not received anything.

Do you relate to people differently since the crime? Please explain.

No.

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**VICTIM IMPACT STATEMENT**

**United States v.** \_\_\_\_\_ **Case No.** \_\_\_\_\_

Have your feelings about yourself and society changed since the crime? Please explain.

Yes because now I feel that everyone thinks badly about me, I think that all of them are the same or are bad.

How has the crime affected you and your family's lifestyle?

It has affected me because I feel bad every time I remember it, every time I think about it I feel that I am worthless, I sometimes feel my self-esteem is low.

Has the crime affected your family's lifestyle? If so, how?

No

Have you experienced any of the following reactions to the crime: PLEASE REALIZE THESE ARE NORMAL REACTIONS TO A TRAUMATIC EVENT:

Anger\_\_X\_\_;Anxiety \_\_X\_\_; Fear \_\_X\_\_; Grief\_\_X\_\_; Guilt\_\_X\_\_; Numbness\_\_\_\_; Sleep Loss\_\_\_\_; Nightmares\_\_X\_\_; Appetite Change\_\_\_\_; Insecurity\_\_X\_\_; Trouble Concentrating\_\_\_\_; Easily Startled\_\_\_\_; Forgetfulness\_\_\_\_; Depression\_\_X\_\_; Chronic Fatigue\_\_\_\_; Repeated Memory of the Crime\_\_X\_\_; Fear the Defendant will Return\_\_X\_\_; Uncontrolled Crying\_\_X\_\_.

Please describe any other feelings you have had in response to the crime which you would like to share with the Judge. These may be either feelings you felt immediately after the crime or those that you still feel.

I feel bad and afraid, threatened if he comes out and does something to my family or sends someone to do it because I reported him and ...

Do you feel the defendant is or will be a threat to you, your family or the community?  
(X) YES / ( ) NO. Please explain

That he will do it all over again to other women, that when he comes out, that he will do the same thing or that he will do something to me because he is angry, because he is furious.

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**VICTIM IMPACT STATEMENT****United States v.** \_\_\_\_\_ **Case No.** \_\_\_\_\_

What else would you like the judge to know about the defendant, the victim or your family?

That he has other family involved in that, to deceive and mistreat women; I am afraid of his family that if they get mad they will do something to me, to my children.

Please attach verification such as copy of the stub, if possible.

**A. Damages**

1. List property lost, destroyed or damaged and its value.  
(Wherever possible, attach receipts, repair bills, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

2. List medical expenses (again, attach any supporting receipts) and/or out of pocket costs for funeral expenses.

\_\_\_\_\_ \$ \_\_\_\_\_

If you or a family member suffered physical injury, loss of life, or threatened by the offender, have you applied for state victim compensation? (\_\_\_\_) YES / (\_\_\_\_) NO. Will you be experiencing long-term medical treatment?

3. List of lost income or wages... \$ \_\_\_\_\_

4. List miscellaneous expenses (type and amount). Include such items as child care during court appearances, transportation costs during the investigation, etc.

\_\_\_\_\_ \$ \_\_\_\_\_

5. List expenses for counseling or therapy. \$ \_\_\_\_\_

Are you currently in counseling? \_\_\_\_\_

TOTAL LOSS \$ \_\_\_\_\_

**B. Reimbursement received (please attach receipts)**

- |                                   |          |
|-----------------------------------|----------|
| 1. Property Insurance             | \$ _____ |
| 2. Medical Insurance              | \$ _____ |
| 3. State Victim Compensation      | \$ _____ |
| 4. Other (list source and amount) | \$ _____ |

TOTAL REIMBURSEMENT \$ \_\_\_\_\_

[UNCLASSIFIED]

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I DECLARE UNDER PENALTY OF LAW THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Print Name: [REDACTED]

Signature: (Illegible Signature)

Date: 1-2-15

The address and telephone contact information provided below will only be provided to the presentence probation officer and the United States Attorney's Office unless a court order signed by the Judge authorizes the release of this page to the Court and defense attorney.

Printed Name: [REDACTED]

Address: [REDACTED]

Home Phone: [REDACTED]

Work Phone: \_\_\_\_\_

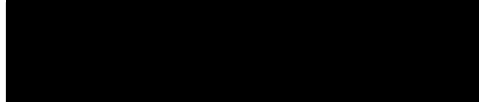
Victim:  
USAO Number:  
Court Docket Number:

## DECLARACION DEL IMPACTO DE LA VICTIMA

UNITED STATES v. CASE NO.

SI USTED NECESITA MAS ESPACIO PARA CONTESTAR CUALESQUIERA DE LA PREGUNTAS SIGUIENTES, SIENTASE POR FAVOR LIBRE UTILIZAR TANTAS PAGINAS COMO USTED NECESITA, Y UNALAS A LA DECLARACION DEL IMPACTO DE LA VICTIM. GRACIAS.

Nombre de Victima:



Como usted y los miembros de su familia han sido afectados por este crimen?  
How have you and members of your family been affected by this crime?

en el sentido de que tengo miedo a que el  
me haga algo ami y a mi familia  
me afecta porque paso pensando que el mande a  
alguien a aserme algo

Usted o los miembros de su familia ha recibido el asesoramiento o terapia como resultado de este crimen? ( ) si ( ) no. Favor de explicar. Usted desea en el futuro asesoramiento para asistir a la recuperacion de usted y/o de su familia?

Have you or members of your family received counseling or therapy as a result of this crime? ( ) YES / ( ) NO. Please explain. Do you wish future counseling to assist you and/or your family's recovery?

No la he recibido

Usted ha archivado un caso civil contra el demandado? ( ) si ( ) no. Si contesto si, enumera el nombre del caso, la localizacion de la corte, e el numero del docket.  
Have you filed a civil suit against the defendant? ( ) YES / ( ) NO. If yes, list the case name, court location, and docket number.

## DECLARACION DEL IMPACTO DE LA VICTIMA

UNITED STATES v. CASE NO.

Usted ha recibido dinero o activos del demandado como resultado del litigio civil?

( ) si (NO) no. Si contesto si, cuanto?

Have you received any money or assets from the defendant as a result of any civil litigation?

( ) YES / ( ) NO. If yes, how much?

No es recibido nada

Usted se relaciona con la gente diferentemente desde el crimen? Explique por favor.

Do you relate to people differently since the crime? Please explain.

NO

Su opinion sobre la sociedad han cambiado desde el crimen? Explique por favor.

Have your feelings about yourself and society changed since the crime? Please explain.

Si por que a ora pienso que todos  
me han mal pienso que todos son iguales  
Como el crimen ha afectado forma de vida de usted y de su familia? son malos

How has the crime affected you and your family's lifestyle?

Afectado por que me siento mal cada vez  
que lo recuerdo cada vez que pienso en eso siento  
que no valgo nada mi auto es finca que es lo siento

El crimen ha afectado la manera de vivir de su familia? Si es asi como? bajo

Has the crime affected your family's livelihood? If so, how?

NO

UNITED STATES v. CASE NO.

Ha experimentado cualesquiera de las reacciones siguientes al crimen: REALICE POR FAVOR QUE ESTAS SON REACCIONES NORMALES A UN ACONTECIMIENTO TRAUMATICO.

☒ Colera; ☒ Ansiedad; ☒ Miedo; ☒ Pena ☒ Culpabilidad; ☒ Entumecido; ☒ Perdida De Sueno; ☒ Pesadillas; ☒ Cambio del Apetito; ☒ Inseguo; ☒ El Concentrase del Apuro; ☒ Movimientos involuntario inesperado; ☒ Falta de Memoria; ☒ Depresion; ☒ Fatiga Cronica; ☒ Memoria Repetida del Crimen; ☒ Miedo de que el demandado volviera; ☒ Criterio incontrolado.

Have you experienced any of the following reactions to the crime: PLEASE REALIZE THESE ARE NORMAL REACTIONS TO A TRAUMATIC EVENT.

☒ Anger; ☒ Anxiety; ☒ Fear; ☒ Grief; ☒ Guilt; ☒ Numb; ☒ Sleep Loss; ☒ Nightmares; ☒ Appetite Change; ☒ Unsafe; ☒ Trouble Concentrating; ☒ Easily startled; ☒ Forgetfulness; ☒ Depression; ☒ Chronic Fatigue; ☒ Repeated Memory of Crime; ☒ Fear the Defendant Will Return; ☒ Uncontrolled Crying

Describa por favor cualquier otra sensacion que usted haya tenido en respuesta al crimen que usted quisiera compartir con el juez. Estos pueden ser sensaciones que usted se sentia inmediatamente despues del crimen, o esas que usted todavia se siente.

Please describe any other feelings you have had in response to the crime which you would like to share with the Judge. These may be either feelings you felt immediately after the crime, or those that you still feel.

me siento mal con miedo. amenazada a que el salga y me aga algo ami familia o mande a alguien a que lo aga por que no lo denuncie y

Usted siente el demandado es o sera una amenaza a usted, a su familia o a la comunidad?  
(☒) si ( ) no. Favor de explicar.

Do you feel the defendant is or will be a threat to you, your family or the community?

( ) YES / ( ) NO. Please explain.

que e bu el va a ser eso con otras mujeres que cuando salga bu da a ser lo mismo o me a algo de eso por que el tiene mucho coraje que mas usted quisiera que el juez supiera del demandado, la victima, o su familia?

What else would you like the Judge to know about the defendant, the victim, or your family?

que el tiene mas familia que se dedica a eso a enganar y maltratar a las mujeres de la familia

a la familia tengomiedo que ballan de coraje q se me algo que les agan algo amishos



**DECLARACION DEL IMPACTO DE LA VICTIMA**

**UNITED STATES v. \_\_\_\_\_ CASE NO. \_\_\_\_\_**

**Una por favor la verificacion tal como copia del trozo de la pagina, si es posible.  
Please attach verification such as copy of pay stub, if possible.**

**A. Danos**

**1. Caracteristica de la lista perdida, destruida or danada y su valor. (Donde sea posible, la fijacion pone el recibo, las cuentas de la reparacion, etc)**

**A. Damages**

**1. List property lost, destroyed or damaged and its value.  
(Wherever possible, attach receipts, repair bills, etc.)**

\_\_\_\_\_ ..... \$ \_\_\_\_\_

**2. Costos medicos de la lista (otra vez, cualquier recibo de soporte) y/o fuera de los costos de bolsillo para los costos funebres.**

**2. List medical expenses (again, attach any supporting receipts) and/or out of pocket costs for funeral expenses.**

\_\_\_\_\_ ..... \$ \_\_\_\_\_

**Si usted o un miembro de la familia sufrio lesion fisica, perdida de vida, o amenaza por el delincuente, usted han solicitado la remuneracion de la victima del estado? ( ) si ( ) no  
Usted va ha experimentar largo plazo medico del tratamiento?**

**If you or a family member suffered physical injury, loss of life, or threatened by the offender, have you applied for state victim compensation? ( )YES / ( )NO. Will you be experiencing long-term medical treatment? \_\_\_\_\_?**

**3. Lista de Salarios perdidos \$ \_\_\_\_\_**

**3. List lost income or wages ..... \$ \_\_\_\_\_**

**4. Lista de Costos miscelaneos (tipo y cantidad). Incluya los articulos tales como cuidado de nino durante aspectos de la corte, costes del transporte durante la investigacion, el etc.  
4. List miscellaneous expenses (type and amount). Include such items as child care during court appearances, transportation costs during the investigation, etc.**

\_\_\_\_\_ ..... \$ \_\_\_\_\_

**5. Lista de costos para aconsejar o la terapia. \$ \_\_\_\_\_**

**5. List expenses for counseling or therapy. \$ \_\_\_\_\_**

**Esta usted actualmente en el asesamiento? \_\_\_\_\_**

**Are you currently in counseling? \_\_\_\_\_**

**PERDIDA TOTAL \$ \_\_\_\_\_**

**TOTAL LOSS ..... \$ \_\_\_\_\_**

**B. Reembolso recibido (una por favor los recibos)**

1. Seguro de caraterista \$ \_\_\_\_\_
2. Seguro de Medico \$ \_\_\_\_\_
3. Remuneracion De La Victima Del Estado \$ \_\_\_\_\_
4. Otro (lista de fuente y cantidad) \$ \_\_\_\_\_

**REEMBOLSO TATAL** \$ \_\_\_\_\_

**B. Reimbursement received (please attach receipts)**

1. Property insurance ..... \$ \_\_\_\_\_
2. Medical insurance ..... \$ \_\_\_\_\_
3. State Victim Compensation ..... \$ \_\_\_\_\_
4. Other (list source and amount) \_\_\_\_\_

\_\_\_\_\_ ..... \$ \_\_\_\_\_  
\_\_\_\_\_ ..... \$ \_\_\_\_\_  
**TOTAL REIMBURSEMENT** ..... \$ \_\_\_\_\_

**DECLARO BAJO PENA DE LA LEY QUE LA INFORMACION ANTEDICHA ESTA VERDAD Y CORRECTA.**

I declare under penalty of law that the above information is true and correct.

Nombre Print Name:

Firma Signature:

Fesha Date:

~~12-05-18~~ 1-2-15

La direccion y la informacion del contacto de telefono proporcionaron abajo seran proporciandas solamente al oficial de la libertad condicional del presentence, y al oficina del abogado de Estados Unidos, a menos que un orden judicial firmado por el juez autorice el lanzamiento de esta pagina al abogado de la corte y de la defensa.

The address and telephone contact information provided below will only be provided to the presentence probation officer, and the United States Attorney's Office, unless a court order signed by the Judge authorizes the release of this page to the Court and defense attorney.

Nombre Printed Name:

Direccion Address:

Telefino Casero Home Phone:

Telefono Del Trabajo Work Phone: \_\_\_\_\_

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